

Farmworker Housing Verification Form

Placer County Planning Services Division

3091 County Center Drive, Auburn CA, 95603

Phone: 530.745.3000 – Fax: 530.745.3080

Please fill in each blank. This information is necessary to determine whether or not you qualify for this program and will be used only for that purpose. This form must be completed annually and submitted to the above address by May 15.

1. Property Owner Information

Name:

Address:

Telephone:

APN:

Email:

Are you an Agricultural Employer? ☐ Yes ☐ No

Is Owner Responsible for Housing Maintenance and Upkeep? ☐ Yes ☐ No

2. Farmworker Housing Information

Address of Housing:

APN:

Type of Facility: ☐ Farmworker Dwelling Unit ☐ Farmworker Dwelling Complex

Housing Accommodation:

☐ Single-Family Dwelling

☐ Manufactured Home

☐ Multi-Family Dwelling

☐ Recreational Vehicle

☐ Boarding House

☐ Travel Trailer

☐ Bunkhouse

☐ Tent

☐ Mobile Home

☐ Other Housing Accommodation, Please specify:

Number of Dwelling Units:

Number of Beds (group housing only):

Occupancy Type: ☐ Permanent

☐ Temporary, Occupancy Term: _____

Estimated Water Usage/Day:

Sewage Disposal Method: ☐ Sanitary Sewer ☐ Septic

3. Occupant Information

Facility Houses: ☐ Farmworkers Only ☐ Farmworkers and Their Household

Total Number of Farmworkers Housed:

Total Number of Family Members Housed:

Adults (age 18+) Full Name (if known)	Relation to Head of Household	Place of Employment/Occupation/Contact Person/Phone Number	Employment Term
	Head of Household		

Children (under 18) Full Name (if available)	Age	Relation to Head of Household

Additional pages may be added if necessary.

4. Permit From the State Department of Housing and Community Development (HCD) (required for farmworker housing for five or more workers)

Facility ID:

Attach copy of HCD permit to operate employee housing facility to this verification form.

5. Affidavit

I/We the undersigned state:

I am/We are the owner(s) of the real property described above and the permittee.

Executed on _____, 20_____.

I/We declare under the penalty of perjury that the foregoing is true and correct.

Owner Signature: _____

Owner Name: _____

Address: _____

Placer County Use Only:

Date Received: _____

Agricultural Commissioner Approval: _____ Date _____

Planning Services Division Approval: _____ Date: _____